



Updated 2016

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MILITARY VETERAN
___ YES ___ NO

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Robert Davis 2530 Greenhill Road Mt. Pleasant
Name of Deceased Address 75455
4-3-49 [REDACTED] 8070
Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Robert Davis as
(Relationship) daughter, Christi Bradley further state that neither the deceased nor any person
responsible for the deceased had any assets such as money, bank accounts, investments, insurance, property or
any such assets other than those listed below, which are applied to the cost of the funeral.

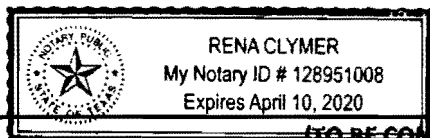
LIST OF ASSETS OWNED BY DECEASED, OR PERSON RESPONSIBLE FOR DECEASED:

MONEY \$ _____ CHECKING ACCOUNT \$ _____ BANK \$ _____
PROPERTY (Home) \$ _____ AUTO \$ _____ OTHER \$ Nursing Home Account
INSURANCE \$ _____ SOCIAL SECURITY FOR BURIAL \$ _____
OTHER ASSETS \$ _____ TOTAL ASSETS \$ _____

I hereby make application to the Commissioners' Court of Titus County that payment be made for the funeral, less
any assets as listed above:

Christi Bradley 10-18-16
APPLICANT FOR DECEASED DATE

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the
18th day of October, 2016.



Rena Clymer
NOTARY PUBLIC

(TO BE COMPLETED BY FUNERAL HOME)

I understand that in order to qualify for a Pauper's Funeral, the total cost of services for the deceased will not
exceed \$950.00. I further understand that if payment is made in any amount, whether by family, friends, church,
other organizations, etc., such payment will disqualify this Application for consideration of payment by the Titus
County Commissioners' Court.

Therefore, I, (Owner/Representative) Cheryl Parr of (Funeral Home)
Bates Cooper - Sloan hereby submit an itemized statement for services
of deceased Robert Lee Davis and certify that such statement for \$950.00
represents the entire cost for services rendered.

10-20-2016 Cheryl Parr
DATE OWNER/REPRESENTATIVE OF FUNERAL HOME

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the
20th day of October, 2016.

B. Kent Cooper
NOTARY PUBLIC



Approved by Commissioners' Court ☒ YES ☐ NO
11-14-16

\$950⁰⁰ paid approved by Commissioners' Court
11-14-16

PAUPER'S FUNERAL VERIFICATION STATEMENT

Date: 10-18-16

Bates-Cooper Sloan has not received any form of
(name of funeral home)
compensation for the funeral services for Robert Davis.
(name of deceased)

If any form of compensation is received, we will notify the County Judge.



Signature

Authorized Funeral Home Representative

FUNERAL PURCHASE AGREEMENT

Name of Deceased Robert Lee Davis Last Address 2530 Green Hill Road Date of Death 10/20/2016
Charge to Christi Bradley - (Daughter) Telephone _____ Date of Service 10/21/2016
Buyer's Home Address _____ City _____ State _____ Zip Code _____

Charges are only for those items that you have selected or that are required. If we are required by law or by cemetery or by crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

PROFESSIONAL SERVICES SELECTED

A. SERVICES OF FUNERAL DIRECTOR AND STAFF

\$ _____

B. EMBALMING

\$ _____

Reason for embalming _____

C. OTHER PREPARATION OF THE BODY

\$ _____

\$ _____

\$ _____

\$ _____

D. USE OF FACILITIES, STAFF SERVICES AND EQUIPMENT

1. Viewing per day \$ _____

2. Funeral Service \$ _____

3. Memorial Service \$ _____

4. Graveside Service and equipment \$ _____

5. Refrigeration of unembalmed remains \$ _____

E. TRANSPORTATION

1. Transfer of remains to funeral home \$ _____

2. Automotive Equipment \$ _____

A. Hearse \$ _____

B. Hearse at other location \$ _____

C. Family car \$ _____

D. Limousine \$ _____

E. Clergy car \$ _____

F. Other Automotive Equipment \$ _____

G. /ddl. Mileage @ _____ (per mile) \$ _____

TOTAL OF PROFESSIONAL SERVICES SELECTED

\$ _____

F. MERCHANDISE

1. Casket \$ _____

2. Alternative Container \$ _____

3. Outer Burial Container \$ _____

4. Urn \$ _____

5. Stationery \$ _____

Acknowledgment Cards \$ _____

@ \$ _____ (per 25) \$ _____

Register Book (s) \$ _____

Memory Folders / Prayer Cards \$ _____

6. Burial Clothing \$ _____

7. Other \$ _____

TOTAL OF MERCHANDISE SELECTED

\$ _____

Explanation of Certain Charges: Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing here.

G. SPECIAL SERVICES

1. Forwarding remains to another funeral home \$ _____

2. Receiving remains from another funeral home \$ _____

3. Immediate burial \$ _____

4. Direct cremations \$ 950.00

Additional charges for staff services and/or use of facilities \$ _____

Describe: _____

Cemetery or crematory requirements if any _____

TOTAL OF SPECIAL SERVICES SELECTED

\$ _____

H. CASH ADVANCES

☐ 1. Cemetery charges \$ _____

☐ 2. Crematory charges \$ _____

☐ 3. Transportation \$ _____

☐ 4. Clergy honorarium \$ _____

☐ 5. Musicians honorarium \$ _____

☐ 6. Flowers \$ _____

☐ 7. Obituaries \$ _____

☐ 8. Certified copies of death certificates

Number of copies _____ \$ _____

☐ 9. Police Escort \$ _____

☐ 10. Other \$ _____

We charge you for our service in obtaining those items marked with an ☒.

TOTAL OF CASH ADVANCES

\$ _____

SUMMARY OF CHARGES

PROFESSIONAL SERVICES \$ _____

MERCHANDISE SELECTED \$ _____

SPECIAL SERVICES \$ 950.00

CASH ADVANCES \$ _____

TOTAL OF ALL CHARGES (Balance Due) \$ 950.00

METHOD OF PAYMENT:

Less: ☐ Cash Received on Account \$ _____

☐ Sums consisting of my assignment to you of the proceeds of _____

(type of benefit assigned)

which I am making this day in a separate instrument \$ _____

UNPAID BALANCE

\$ _____

UNPAID BALANCE DUE BY _____, 20 _____

WARRANTIES: The only warranties, expressed or implied, granted in connection with goods sold with this funeral service are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by seller. I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

Charges are made only for those items that are used. If the type of funeral selected requires extra items, we will explain the reasons in writing on this contract. In the event I wish to complain or question any area of your service, I may contact you at my convenience. If any complaints cannot be resolved, I may also contact the Texas Funeral Service Commission, P.O. Box 12217, Austin, Texas 78711. Telephone Number: (888) 667-4881, Fax Number: (512) 479-5064.

TERMS: The Unpaid Balance set out above will be due and payable on the Due Date set out above. A FINANCE CHARGE of 1 1/2% per month (ANNUAL PERCENTAGE RATE 18%) will be added to all past due amounts not paid on or before the Due Date set out above. If this agreement is placed in the hands of an attorney and/or agency for collection, I (we) agree to pay reasonable attorney's fees and/or collection costs.

By his (her) signature, buyer(s) in addition to authorizing seller to conduct the funeral, perform the service, furnish the materials, and incur the charges specified within this agreement, on the terms and conditions set forth, acknowledges that prior to the execution of this agreement, a printed or typewritten list of retail price of the funeral services and funeral merchandise offered by seller was made available to buyer(s).

Signature of Provisional Licensee Assistant

Executed this 20th day of October, 20 16.

ACCEPTED FOR SELLER:

By: Christi Bradley

Signature (1) Christi Bradley

Buyer

Signature (2) _____

Co-Buyer